

PAYROLL CERTIFICATION FORM

IN ACCORDANCE WITH CONNECTICUT GENERAL STATUTES, 31-53 CERTIFIED PAYROLLS WITH A STATEMENT OF COMPLINACE SHALL BE SUBMITTED WEEKLY TO THE CONTRACTING AGENCY

Contractor Name and Address:  Telephone Number: _____ Fax Number: _____  Contact Person: _____												Subcontractor Name & Address    Telephone #: _____  Fax #: _____  Contact Person: _____					Worker's Compensation Insurance Carrier    Policy Number: _____   Effective Date: _____  Expiration Date: _____					
Payroll Number			Week Ending Date		Project Name & Address  Contract #																	
Employee Name and Address		APPR Rate %	Sex and Race	Work Classification	Day and Date						S-Time O- Time	Base Hourly Rate	Total Fringe C= Cash P= Plan	Gross Pay For All Work Performed this Week	FICA	Total Deductions			Gross Pay Prevailing Wage Rate Jobs	Net Pay	Chec k #	
					S	M	T	W	T	F						S	With Holding	With Holding				Other
					Hours Worked Each Day																	
													c									
												p										
												c										
												p										
												c										
												p										
												c										
												p										
												c										
												p										

See Reverse Side

\* FRINGE BENEFITS EXPLANATION (P):

Bona fide benefits paid to approval plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

- 1) Medical or hospital care \_\_\_\_\_
- 2) Pension or retirement \_\_\_\_\_
- 3) Life Insurance \_\_\_\_\_
- 4) Disability \_\_\_\_\_
- 5) Vacation, holiday \_\_\_\_\_
- 6) Other, (please specify) \_\_\_\_\_

CERTIFIED STATEMENT OF COMPLIANCE

I, \_\_\_\_\_ of \_\_\_\_\_, (hereafter known as Employer) in my capacity as \_\_\_\_\_ (title) do hereby certify and state:

All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- A) The records submitted are true and accurate;
- B) The rate of wages to each mechanic, laborer or workman and the amount of of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- C) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- D) Each such employee of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- E) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contract or in connection with a subcontractor relating to a prime contract; and
- F) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

Submitted on \_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)  
\_\_\_\_\_  
(Title)